SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

	_	LINE	_		:	PAGE	1	19	OF	39
(c	he	eck only one)								
	X	11a		11b		11c		12		
		13		14		15		16		17

NAME OF COMMITTEE (In Full)	the name and address of any political committee					
RENAL PHYSICIANS ASSOC	JIATION PAC RPA PAC	T				
Full Name (Last, First, Middle Initial) Dr. Lin Johnson	Date of Receipt					
Mailing Address 900 Loop 337 Suite 120	02 26 2014					
City	State Zip Code	Transaction ID : SA11AI.6115				
New Braunfels	TX 78130	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	300.00				
Name of Employer	Occupation	Contribution				
San Antonio Kidney	Nephrologist					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	300.00					
Full Name (Last, First, Middle Initial) Dr. William Johnson	Date of Receipt					
Mailing Address 140 Thomas Johnson Dr		03 21 2014 _				
Ste 202 City						
Frederick	State Zip Code MD 21702	Transaction ID : SA11AI.6114 Amount of Each Receipt this Period				
FEC ID number of contributing		600.00				
federal political committee.	C					
Name of Employer	Occupation	Contribution				
Kidney Center of Frederick	Nephrologist					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	600.00					
Full Name (Last, First, Middle Initial) Dr. Edward R Jones	Date of Receipt					
Mailing Address Two Penn Blvd Suite 112	03 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City Philadelphia	Transaction ID : SA11AI.6116 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	1200.00				
Name of Employer	Contribution					
Delaware Valley Nephrology						
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	1200.00					
SURTOTAL of Receipts This Page (optional)		2100.00				
CODITION OF THE CONTROL OF THE PAGE (OPTIONAL).		7 7 7				
TOTAL This Period (last page this line number	er only)					